



Hospital Fiscal Report  
State Form 49520 (R2 /7-02)  
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: FRANCISCAN HEALTH RENSSELAER

City of Hospital: Rensselaer

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: David Ostheimer

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Medicare Provider Number: 151324

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$8460335
Outpatient Patient Service Revenue	\$83460411
Total Gross Patient Service Revenue	\$91920746

2. Deductions From Revenue

Contractual Allowance	\$52983866
Other Deductions	\$4265649
Total Deductions	\$57249515

3. Total Operating Revenue

Net Patient Service Revenue	\$34671231
Other Operating Revenue	\$-1120598
Total Operating Revenue	\$33550633

4. Operating Expenses

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Salaries and Wages	\$13653822	Employee Benefits	\$3537859
Depreciation and Amortization	\$3060866	Interest Expense	\$803829
Bad Debt	\$968513	Other Expenses	\$14868113
Total Operating Expenses	\$36893002		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-3342369	Total Assets	\$23707166
Net Non-operating Gains over Loss	\$4000	Total Liabilities	\$49319152
Total Net Gains	\$-3338369		

#### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$50644805	\$30641049	\$20003756
Medicaid	\$16319629	\$10781273	\$5538356
Other Government	\$0	\$528586	\$-528586
Other State	\$0	\$0	\$0
Other Payers	\$24002216	\$11032959	\$12969257
Total	\$90966650	\$52983867	\$37982783

#### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$169	\$-169

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$2943	\$-2943
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$613	\$-613

Number of Medical Professionals Trained	64
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	2462

Statement Six: Charity Statement

Hospital Charity Charges	\$2710689
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$998821	
HCI Payments	\$0		
Subtotal	\$0	\$998821	\$-998821
Medicaid Shortfalls	\$5239780	\$8047159	
Subtotal	\$5239780	\$9045980	\$-3806200
DSH Payments	\$0		

	Subtotal	\$5239780	\$9045980	\$-3806200
Medicare Shortfalls		\$19251667	\$18661345	
Other Government Programs		\$0	\$0	
	Total	\$24491447	\$27707325	\$-3215878

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$789907	\$1463431	\$-673524

Comments

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